

staff of that hospital. This has been accomplished by the formation of two committees.

A. *The Credentials Committee.*—This committee is composed of five members of the acting and consulting staffs. It shall appoint its own chairman. To give continuity, at the outset, two members shall be appointed for one year, two for two years, and one for three years. Thereafter all appointments shall be for three years.

Duties of the Credentials Committee: (1) To consider applications for membership—to investigate each fully and recommend the department for each and the amount of privilege. (2) To consider requests for change from one department to another. They may also, on their own, so recommend a change. (3) To act as a nominating committee.

B. *The Medical and Surgical Advisory Committee.*—This committee is composed of the staff executive and the chairman of each department. This group then elects a chairman who is chief of staff.

The general staff elects an executive which is composed of a President, Vice-President and Secretary. The executive is responsible for the administrative side of staff affairs. This will include such things as records, interns, pharmacy and nurse education. The President presides at all staff meetings; he is ex-officio a member of all committees and represents the staff on the Board of Governors. In his absence the Vice-President shall possess his powers, perform his duties and represent the staff on the Board of Governors. The Secretary shall act in that capacity for the general staff and also for the Medical and Surgical Advisory Committee.

The chief of each department is elected by the members of that department. They, together with the chief of staff, are responsible for the clinical side of staff affairs. This responsibility includes both staff and private patients.

In the granting and control of privilege the Medical and Surgical Advisory Committee have the final decision, based on recommendations of the Credentials Committee.

In small hospitals the Executive acts as the Medical and Surgical Advisory Committee. The President acts as the chief of staff and also represents the staff on the Board of Governors. If the staff becomes divided into departments the chief of each department also sits on the committee.

COMMENT

These By-Laws are by no means complete. However, so far as the general practitioner is concerned, they do several things: (1) They provide a method whereby the general practitioner may become a member of the active staff. (2) They give the general practitioner an adequate voice in the administration of staff affairs. (3) They allow the general practitioner the privilege of day to day postgraduate study under the specialists of his own hospital.

Copies of the complete By-Laws for intermediate and smaller hospitals may be obtained by writing the Secretary of the Ontario Medical Association at 135 St. Clair Ave. West, Toronto 5, Ontario.

ANNUAL MEETINGS OF AFFILIATED SOCIETIES

IT IS WITH CONSIDERABLE SATISFACTION that we are able to report that the following societies which are affiliated with the Canadian Medical Association will meet in conjunction with the Eighty-third Annual Meeting at Banff-Lake Louise.

Society of Obstetricians and Gynaecologists of Canada, June 6 to 8, 1952, Banff Springs Hotel.

Canadian Neurological Association, June 8 and 9, 1952, Banff Springs Hotel.

Canadian Society of Anæsthetists, June 9 and 10, 1952, Banff Springs Hotel.

Canadian Association of Pathologists, June 9 and 10, 1952, Banff Springs Hotel.

Canadian Association of Radiologists, June 9 and 10, 1952, Banff Springs Hotel.

Canadian Rheumatism Association, June 9 and 10, 1952, Banff Springs Hotel.

Canadian Academy of Allergy, June 10, 1952, Banff Springs Hotel.

Canadian Pædiatric Society, June 9 and 10, 1952, Chateau Lake Louise.

Canadian Heart Association, June 10, 1952, Chateau Lake Louise.

Canadian Medical Protective Association, June 12, 1952, Banff Springs Hotel.

Members of these societies will learn further details of the programs from their own officers. All housing arrangements are in the hands of the Committee on Housing of the C.M.A. and members are urged to apply at an early date, utilizing the form published elsewhere in this issue and mentioning the name of the society whose meeting they plan to attend.

MEDICAL SOCIETIES

Nova Scotia Division, Annual Meeting

Under the direction of President J. J. Carroll the Nova Scotia Division of the Canadian Medical Association held its ninety-eighth annual meeting at Antigonish on September 10 to 13. Following the trend of recent years the business problems of the society loomed great and took more time and discussion while matters clinical and scientific, though prominent and well presented took secondary places in the lobbies, private discussions and bull sessions which went on into the night, as well as in the auditorium.

Antigonish, host for the first time in more than twenty-five years was an ideal setting. The weather was balmy

and the many halls, converted committee rooms, dining hall and residences of St. Francis Xavier University gave the members greater scope than they have had for a long time.

Present at the meeting as distinguished guests were the congenial C. M. A. President Dr. H. B. Church; the ubiquitous and ever welcome Deputy General Secretary, Dr. Kelly; Dr. H. M. Coleman, Toronto orthopaedic surgeon; Dr. Carleton B. Pierce, McGill Professor of radiology; Dr. Glenn Sawyer of St. Thomas, Ontario, speaker on the problems of general practice; and Dr. E. M. Worden of McGill Department of Pædiatrics. Supporting the visitors in the scientific part of the program were Dr. Martin Hoffman, Dalhousie Professor of Clinical Research; Dr. Graham Simms, Chairman of the Health Committee of Provincial and Civil Defence; and Mr. C. R. Ross, industrial hygiene engineer of the Nova Scotia Department of Public Health.

Often the dull facet of such a gathering, the committee reports, by their outstanding quality, the obvious study, labour and executive ability which had gone into them, were the outstanding features of the meeting, pointing up again the fact that medical men are taking more seriously than ever before their obligations as a group to society. The advisory committee on the distribution of federal health grants, the cancer committee, the committee on industrial medicine, the economics committee and many others submitted reports embracing their fields in a most comprehensive manner.

Among the recommendations of the society were that the postgraduate committee of the Dalhousie Medical School, whose work received high praise, be asked to put on a refresher course in industrial medicine; that the tenure of office of the President of the Provincial Medical Board be limited to three years; that no action at present be taken on the request of the Maritime Hospital Association for nominees from the society as governors; that the economics committee be instructed to negotiate with the federal government regarding arrangements for the treatment of welfare group patients and blind pensioners; that the government is asked to set up forty beds for the investigation and care of arthritic problems; that the action of the Pictou County Medical Society in branding the Registered Nurses Association Bill known as the *Registered Nurses Association Act 1950* as discourteous to the medical profession was sound. This bill, passed without consulting the profession, involves increased teaching responsibilities on the part of provincial medical men in nursing schools. The profession-sponsored Maritime Medical Care was discussed widely and often critically with perhaps not sufficient appreciation of the difficulties through which any such scheme must pass during its formative period.

Dr. Carroll's presidential address dwelt with the social problems of medicine. He spoke of the merits of the medical care of the welfare group despite the difficulties in its administration. He stressed the importance of some check on the uses of such a service. He reviewed the present standing of Trans Canada Medical Services, emphasizing the value of such a scheme and the importance of co-operation which must be not only geographical but be the concern of every patient as well as hospital and doctor.

Membership of the Nova Scotia Division for 1951 was given at 466 of whom 448 were conjoint members, 17 honorary members, 1 member of the Nova Scotia Division only.

Dr. L. M. Morton of Yarmouth was elected as President of the Nova Scotia Division for 1951-52. Vice-Presidents are Dr. J. W. Reid, Halifax, and Dr. M. G. Tompkins, Dominion. Dr. H. G. Grant of Dalhousie Medical School was re-elected Secretary and Dr. R. O. Jones of Halifax as Treasurer. ARTHUR L. MURPHY

University of Toronto

The Physiological Society of the University of Toronto heard Dr. Sune Bergstrom, University of Lund, Sweden, on "Intestinal Absorption and Distribution of Fatty Acids and Glycerides in the Rat" and Dr. Gerhardt

von Bonin, professor of Anatomy, University of Illinois on "Functional Organization of the Cerebral Cortex" in October.

Mr. J. C. D. Barlow, department of physiology, spoke on "The Treatment of Experimental Anuria by Intestinal Perfusion" in November.

Ontario Medical Association

District No. 6 met at Peterborough October 16 and 17. Dr. W. G. Cosbie spoke on "Cancer of the Uterus". Dr. C. L. Ash spoke on "X-ray and Radiotherapy of Interest to the General Practitioner". Dr. K. J. R. Wightman spoke on "Recent Advances in Therapeutics." Dr. Roy H. Malyon president-elect was the guest speaker at lunch.

District No. 7 met in Kingston October 18. Dr. A. M. Bryans, Kingston, spoke on "Recent Advances in Pædiatrics". Dr. James A. Dauphinee, Toronto, spoke on "Radioactive Isotopes and Their Present Use".

District No. 4 met at Hamilton October 23 and 24. Speakers were Dr. Benson Rogers on "Digitalis Intoxication"; Dr. Charles Jaimet on "Thrombocytopenic Purpura"; Dr. Allan Kennedy on "Acute Cardiac versus Pulmonary Lesions"; Dr. Adrian Yaffe on "What Symptoms Mean Heart Disease"; Dr. Keith Stuart on "Hypothyroidism"; Dr. Francis Ruston on "Cardiac Arrest in O.R."; Dr. Albert Pain on "Management of Breech Presentation"; Dr. R. T. Weaver, on "Gynaecological Emergencies in General Practice"; Dr. Vaughn Renshaw "Emergency Treatment of Burns"; Dr. A. K. Mighton on "Emergency Treatment of Hand Injuries"; Dr. Donald Campbell on "Investigation of Rectal Bleeding"; Dr. J. F. Brunton on "Treatment of Renal Infection". The staff of Mountain Sanatorium gave a symposium on Tuberculosis. Dr. Francis Brien, London, was the dinner speaker. His topic was "Out of the Frying Pan into the Fire".

District No. 1 met at Sarnia November 6 and 7. The members were addressed by a team of speakers from the Crile Clinic, Cleveland, Ohio. The dinner speaker was Professor James Talman, Lawson Memorial Library, University of Western Ontario. LILLIAN A. CHASE

CORRESPONDENCE

Aureomycin in Amœbic Dysentery

To the Editor:

I am a medical missionary and my field of labour is in Angola, Portuguese West Africa. Like most of my colleagues who serve on the health frontiers of the world, when I return to Canada on furlough it is to learn all that I can and to get "caught up" with the seemingly endless new developments in Medicine and Surgery in the homeland.

Today I have been reviewing the recent literature on Amœbic Dysentery. I find many favourable references to aureomycin but I feel that the dramatic results which this antibiotic achieves in acute amœbic dysentery might be even more strongly emphasized. I have been seeing and treating amœbic dysentery for twenty years under conditions where perforce one's aim must be simply the clinical cure of the disease in the shortest space of time with the least possible treatment and, if possible, at modest cost.

During the past year I have treated some twenty-five cases of clinical amœbic dysentery with aureomycin. In all of them there were active trophozoites, cysts or pre-cystic forms of *ameba histolytica* in the stools. All of the